

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Ke Ola Pono	CHAPTER 98
Address: 845 22 nd Avenue, Honolulu, Hawaii 96817	Inspection Date: March 25, 2019 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-12 <u>Minimum standards for licensure; services.</u> (2) Individual records shall be kept on each resident which contain the following:</p> <p>A report of a tuberculin skin test. If the skin test is positive, or known to be positive, there shall be documentation that appropriate medical follow-up has been obtained;</p> <p><u>FINDINGS</u> Resident #2 – No documented evidence of tuberculosis clearance on admission.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-12 <u>Minimum standards for licensure; services.</u> (2) Individual records shall be kept on each resident which contain the following:</p> <p>A report of a tuberculin skin test. If the skin test is positive, or known to be positive, there shall be documentation that appropriate medical follow-up has been obtained;</p> <p><u>FINDINGS</u> Resident #2 – No documented evidence of tuberculosis clearance on admission.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p>	

Licensee's/Administrator's Signature: _____

Print Name: _____

Date: _____